

CDPHE Women's Wellness Connection

Sustainability Assessment & Revenue Cycle Management

August 16, 2012
RT Welter & Associates, Inc.

Tri County Health Department Feasibility Study

Background

- ◉ Study funded by technical assistance/capacity building grant from Komen
- ◉ Objectives:
 - Outline options available to TCHD in considering reimbursement expansion
 - Provide background information to support strategy development

Method

- Comprehensive Assessment of Existing:
 - Systems
 - Processes
 - Staffing
 - Technology
- Data Collection & Analysis
- Interviews with Key Informants

The Affordable Care Act

◉ Colorado Medicaid Expansion

- Increased coverage to 138% of FPL
- Today
 - 614,000 Coloradans Covered by Medicaid
 - 72,000 Covered by CHP+
- This year
 - 10,000 Covered under AWDC expansion
- In 2014
 - 900,000 Covered



Colorado Department
of Public Health
and Environment

Primary Care

Health Professional Shortage Areas (HPSAs)

Map Prepared By:

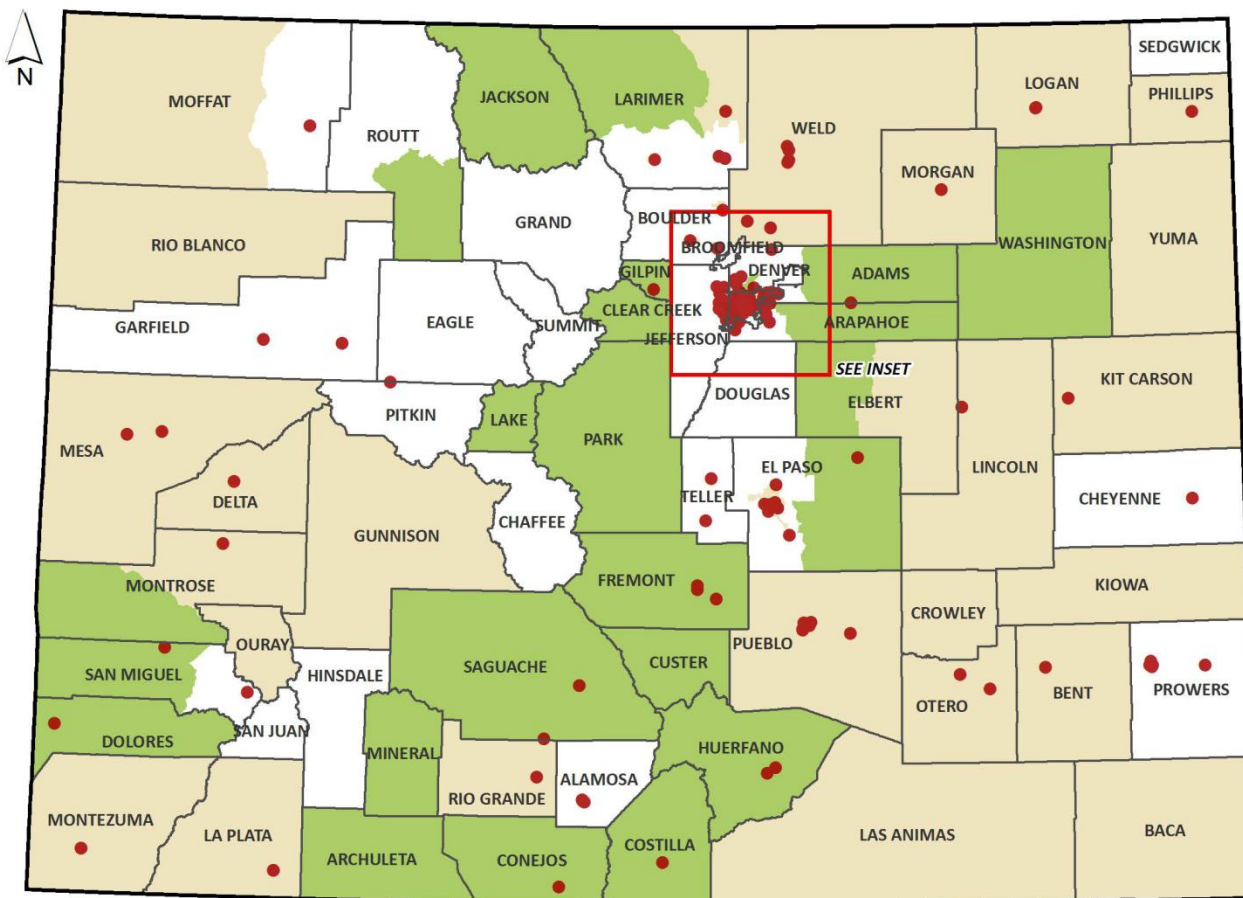
Colorado Department
of Public Health
and Environment GIS

Primary Care HPSA types

- Facility Designation
- Geographic
- Low-Income
- Not Designated

Data Current as of June 2012

For information on how to develop
a Health Professional Shortage Area
Application for your community, call
303-692-2466,
or visit the **Primary Care Office**
website at the
Colorado Department of
Public Health and Environment:
www.cdphe.state.co.us/pp/primarycare

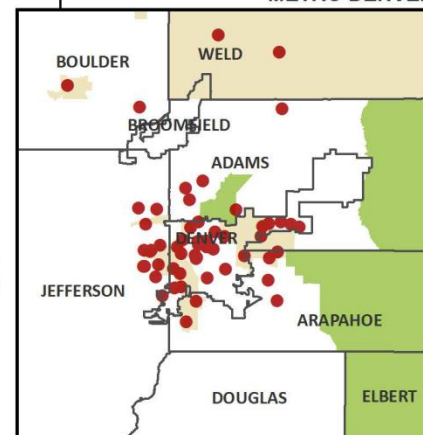


Map Created July 3, 2012

Source: Shortage Designation Branch, HRSA, U.S. Department of Health and Human Services

0 15 30 60 Miles

METRO DENVER



Who will see the new Medicaid patients?

○ Number of physicians accepting new Medicaid patients

- Nationally: 60%
- Colorado: 66%

Kaiser Health News, August 6, 2012

<http://www.kaiserhealthnews.org/Stories/2012/August/06/Third-Of-Medicaid-Doctors-Say-No-New-Patients.aspx>

Health Benefit Exchange

- Created by state legislation in 2011
- Small employers
- Individuals & families spending 9.5% of household income on insurance premiums
- 460,000 Coloradans estimated to be eligible
- Approximately 150,000 expected to participate
- Includes tax subsidies and discounted premiums

Health Benefit Exchange

- Essential Community Provider Requirements - Colorado Definition (Section 25.5-5-403 C.R.S. - 2006)
 - Serves medically needy or medically indigent patients;
 - Demonstrates a commitment to serve low-income and medically indigent populations who make up a significant portion of its patient population, OR;
 - In the case of a sole community provider, serves the medically indigent patients within its medical capability, AND;
 - Waives charges or charges for services on a sliding scale based on income and does not restrict access or services because of a client's financial limitations.

Accountable Care Collaborative

- ◉ Administered by HCPF
- ◉ Oversight by Program Improvement Advisory Committee
- ◉ Seven Regional Care Collaborative Organizations (RCCO's) contract with HCPF for regional coordination
- ◉ Primary Care Medical Providers (PCMPs) provide primary care and coordinate referrals
- ◉ Currently 113,000 members attributed to PCMPs

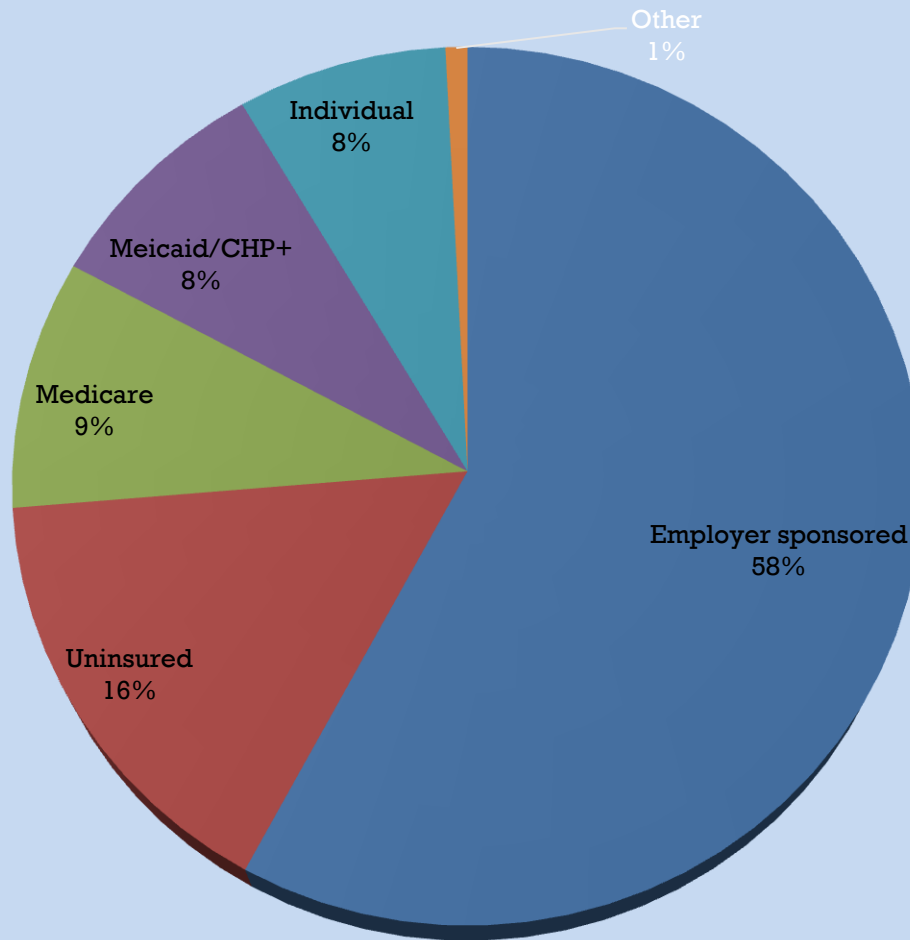
Accountable Care Collaborative

- Primary care reimbursement currently not exclusive to the PCMP
- Referrals currently not required for EPSDT screening, obstetrical care, family planning

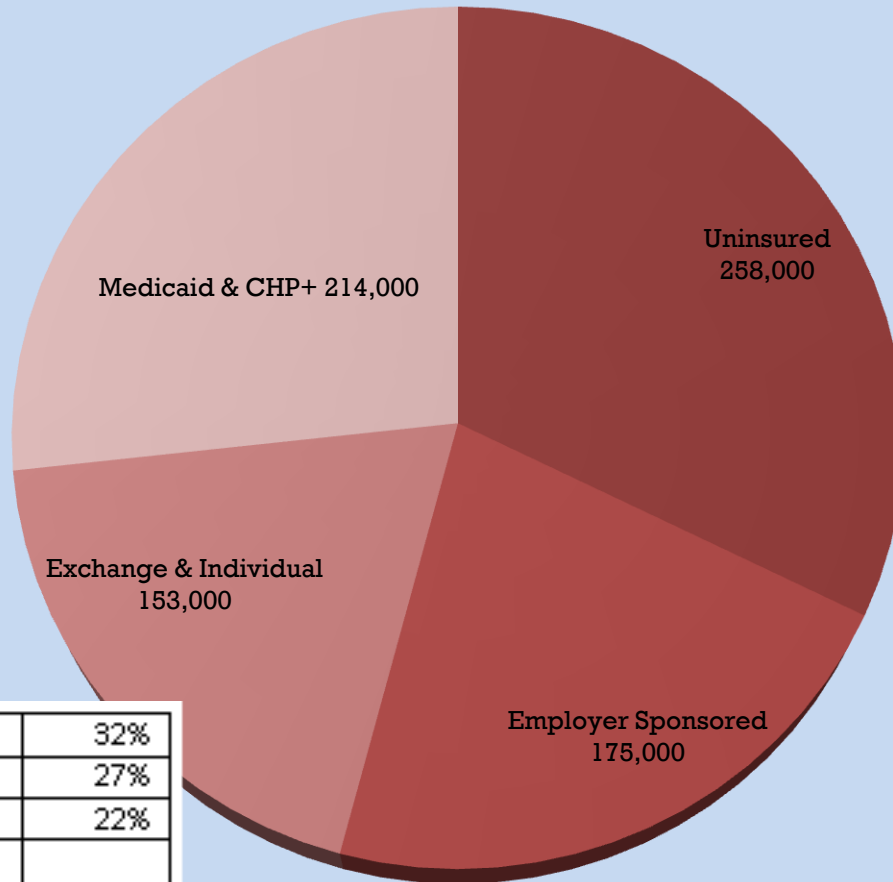
Immunization Reimbursement Changes

- Effective January 1, 2013
- Federally funded vaccines at no cost to uninsured only
- Colorado health plans currently contracting with local public health departments

Health Insurance Coverage in Colorado 2011



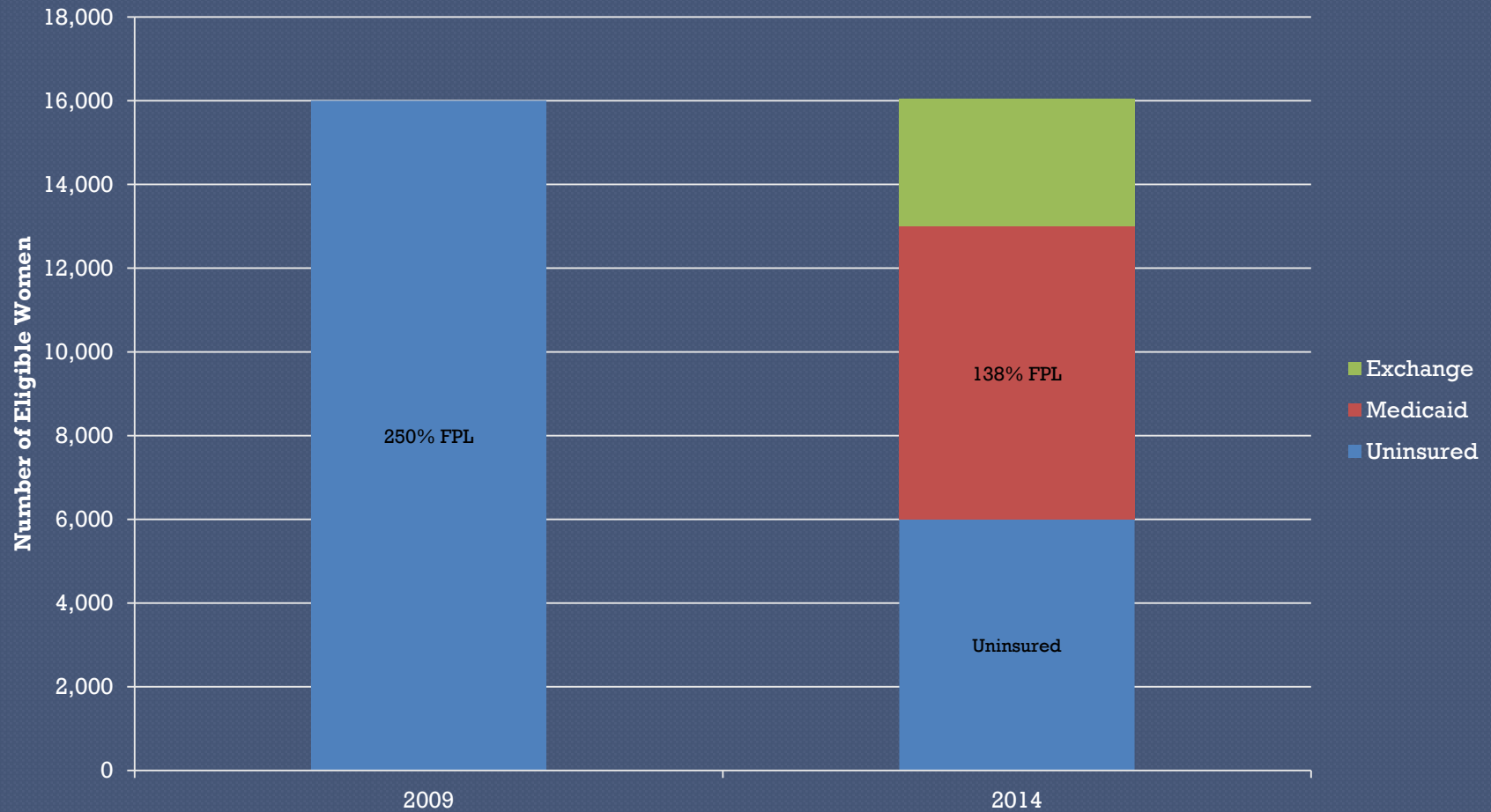
The 16% (800,000) Uninsured After Health Reform



Uninsured	32%
Medicaid/CHP+	27%
Employer Sponsored	22%
Exchange/ Individual Direct Purchase	19%

WWC Before & After Health Reform

Adams, Arapahoe & Douglas Counties



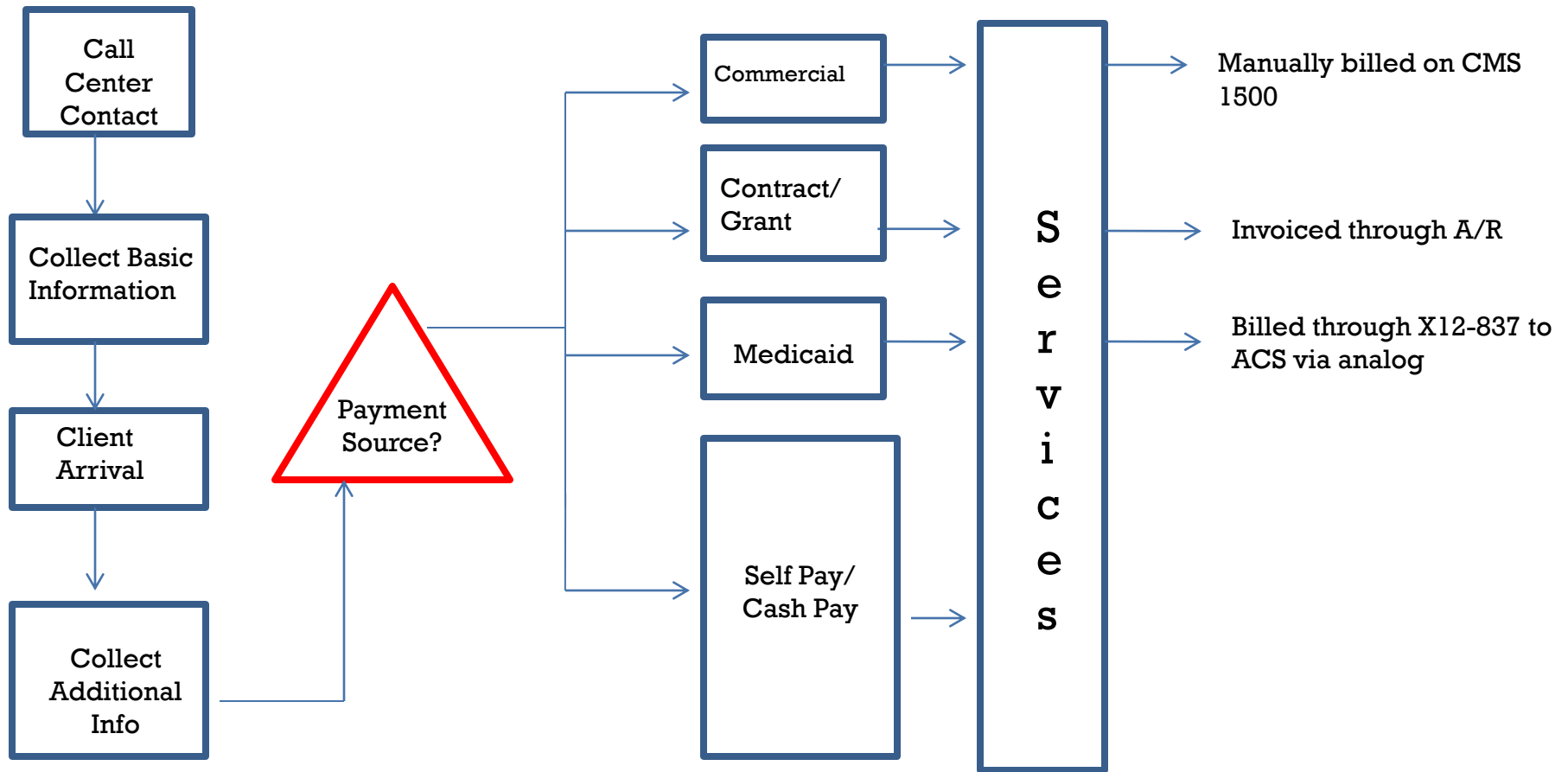
Analysis of Current System

- Clinic Assessment

- Call Center
- Check In/Reception
- Check Out Process

- Billing and Claims Submission

- Accounts Receivable



Immediate Recommendations

- ◉ Strategic Planning
- ◉ Engage in Statewide Efforts
- ◉ Interface Clinical & Financial Systems
- ◉ Billing/Reimbursement Services
- ◉ Payer Contracting & Credentialing
- ◉ Claims Clearinghouse
- ◉ Coding & Documentation Training
- ◉ Prepare for ICD-10

Future Recommendations

- Implement Electronic Health Record to meet Meaningful Use Criteria
- Consider Outsourcing All or Part of Revenue Cycle Management

Reimbursement Projections

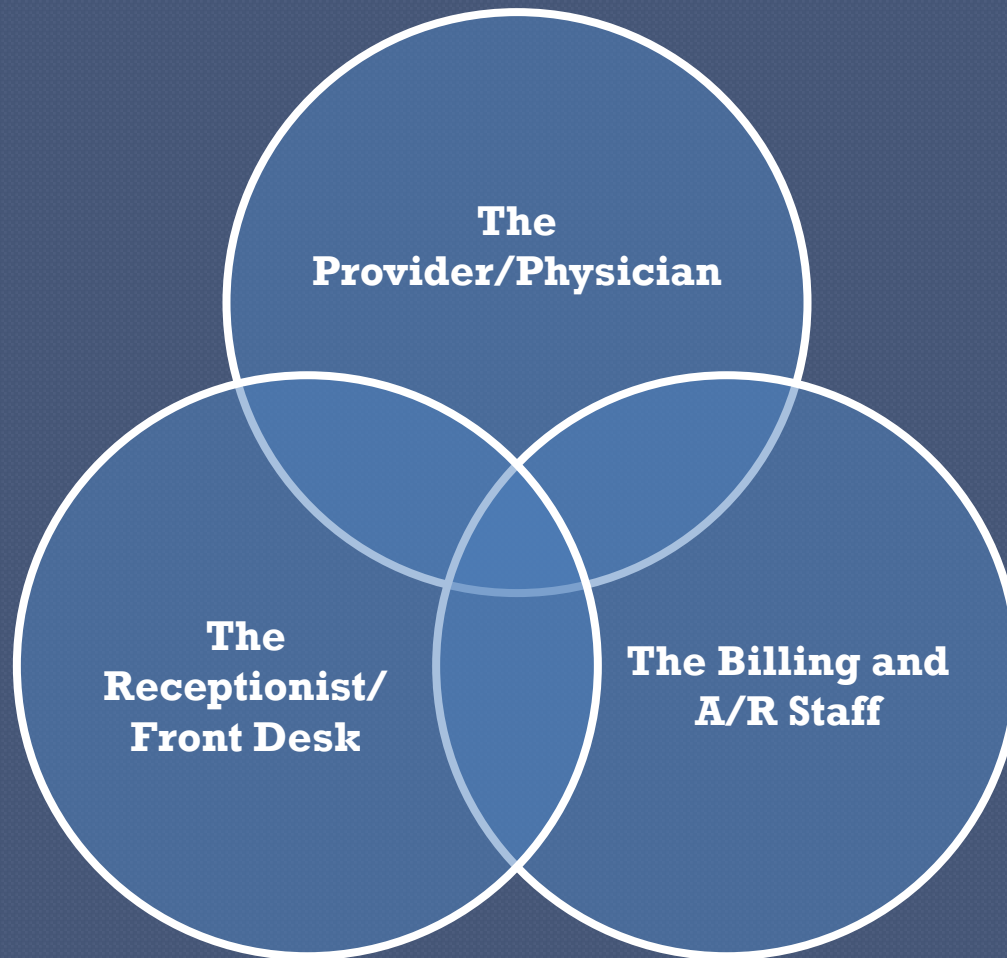
- 2011, Level 1 WWC Services

- Approximately 1,300 visits - \$68,150

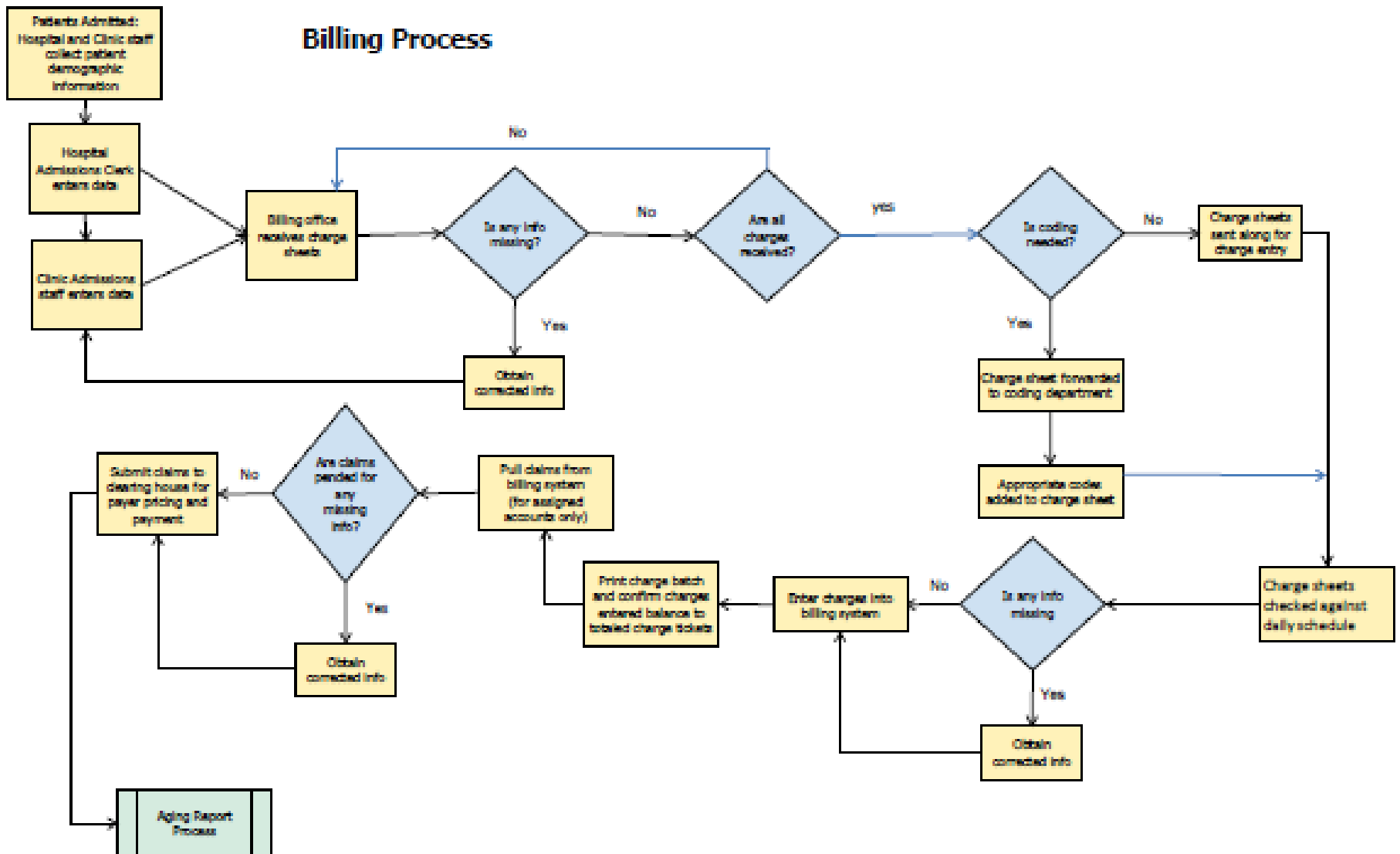
- 2014 Estimates

- WWC/Komen – 38% \$ 25,897
- Commercial – 19% \$ 33,081
- Medicaid – 43% \$ 55,961
- \$114,939

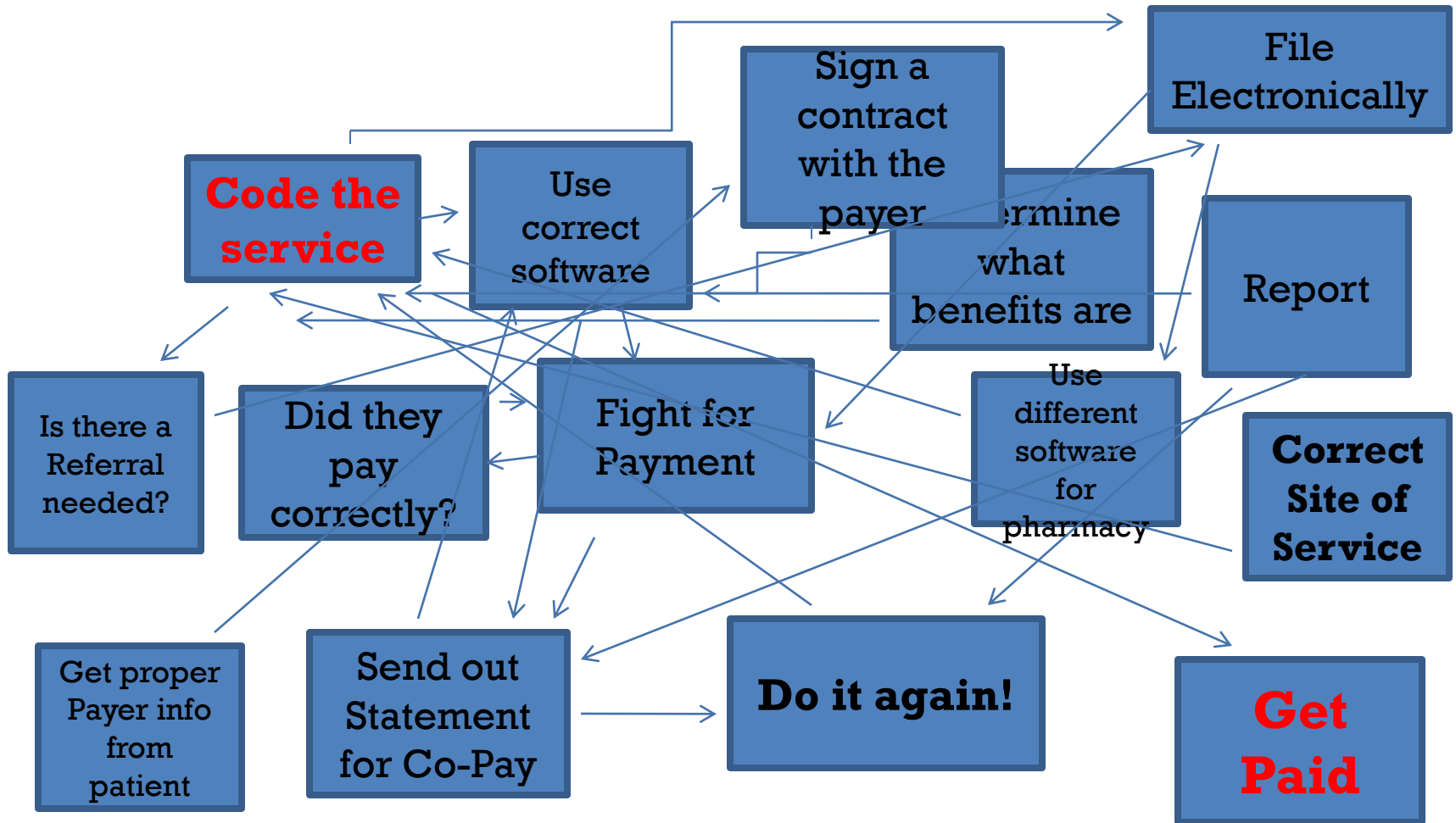
Reimbursement is a **Continuum**



Billing Process



Reality!



The BUSINESS Side of Medicine

- ◉ Managed Care (Payer) Management
- ◉ Coding and Documentation Audits and Provider Education (maximize revenue)
- ◉ Billing and A/R Management
(coding, sending out bills, working denials, appeals)
- ◉ Practice Assessment and Management
- ◉ Credentialing Management

Coding Basics

- All insurance plans, Medicaid and Medicare, use CPT coding for the visit.
 - CPT – What you did
- CPT = COMMON PROCEDURAL TERMINOLOGY (something everyone understands)

Diagnostic Coding

● ICD-9 (soon to be ICD-10) –

- **Why you did it**
- International Classification of Disease 9th Revision (Soon to be 10)
 - Originally designed for mortality statistics – causes of death.
 - Changed to allow coding of in-patient, out-patient and office utilization
- ICD-9 14,000 codes
- ICD-10 76,000 codes

Medicaid

- Medicaid will pay for a physical
- Medicaid will pay for a WELL WOMAN EXAM
- Medicaid will pay for annual PAP smears
- Medicaid patients have limited drug benefits

The Healthy Clinic Assessment

- Comprehensive assessment of all components of clinical practice
- Built in scoring metrics
- Identifies areas for improvement based on best practices (front office, reception, phones, billing, coding, contracting, IT/meaningful use, HR, compliance, etc.)

To Do List – TOP TEN

1. Access and analyze data to make projections for your patient population
2. Assess capacity of your billing systems & processes
3. Assess and respond to training needs (coding & documentation)
4. Prepare for ICD-10
5. Assess HIT capacity and needs
6. Implement processes & procedures for contracting
7. Develop processes and provide training to carry out credentialing requirements
8. Facilitate strategic planning & develop long term sustainability plan
9. Partner with other providers in your community
10. Engage in statewide efforts

Statewide Efforts

- ◉ Center for Improving Value in Health Care (CIVHC) www.civhc.org
- ◉ Accountable Care Collaborative
<http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1233759745246>
- ◉ Colorado Health Benefit Exchange
- ◉ <http://www.getcoveredco.org/Index>
- ◉ Colorado Health Institute
www.coloradohealthinstitute.org
- ◉ ClinicNET www.clinicnet.org

Thank you!

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